

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box →

Mail Label EF244476655US

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	GONZ01
First Named Inventor	Gonzalez
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR TREATING METAL-WORKING FLUID

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/190,761	03/20/2000	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY

BEST AVAILABLE COPY

Mail Label ER314137608US

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: Customer Number
or Bar Code Label **23892** OR Correspondence address below

Name

**23892**

Address

PATENT TRADEMARK OFFICE

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
----------------------------------	---	--	--

Given Name (first and middle [if any])	Anthony H.	Family Name Gonzalez or Surname	
---	------------	---------------------------------------	--

Inventor's Signature	Anthony H. Gonzalez		
-------------------------	---------------------	--	--

Date 3-16-2001

Residence: City	Springfield	State	OR	Country	US	Citizenship	US
-----------------	-------------	-------	----	---------	----	-------------	----

Mailing Address	ALG Life Sciences						
-----------------	-------------------	--	--	--	--	--	--

Mailing Address	633 Poltava Street						
-----------------	--------------------	--	--	--	--	--	--

City	Springfield	State	OR	ZIP	97477	Country	US
------	-------------	-------	----	-----	-------	---------	----

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
--------------------------	---	--	--

Given Name (first and middle [if any])	Michael D.	Family Name Birran or Surname	
---	------------	-------------------------------------	--

Inventor's Signature	Michael D. Birran		
-------------------------	-------------------	--	--

Date 3-16-01

Residence: City	Eugene	State	OR	Country	US	Citizenship	US
-----------------	--------	-------	----	---------	----	-------------	----

Mailing Address	ALG Life Sciences						
-----------------	-------------------	--	--	--	--	--	--

Mailing Address	633 Poltava Street						
-----------------	--------------------	--	--	--	--	--	--

City	Springfield	State	OR	ZIP	97477	Country	US
------	-------------	-------	----	-----	-------	---------	----

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

COPY

BEST AVAILABLE COPY

Mail Label EF244476655US

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

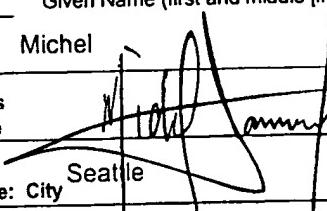
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

DECLARATION			
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])  Michel		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Jammal	
Inventor's Signature	Date 03·13·01		
Residence: City Seattle	State WA	Country US	Citizenship US
Mailing Address ALG Life Sciences			
Mailing Address 633 Poltava Street			
City Springfield	State OR	ZIP 97477	Country US
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → +

Mail Label EF244476655US

PTO/SB/81 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Gonzalez
Group Art Unit	
Examiner Name	
Attorney Docket Number	GONZ01

I hereby appoint:

 Practitioners at Customer Number

23892

OR

 Practitioner(s) named below:

Name	Registration Number

23892

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Anthony H. Gonzalez

Signature

Anthony H. Gonzalez
March 16, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 3 forms are submitted.

COPY

BEST AVAILABLE COPYPlease type a plus sign (+) inside this box →

Mail Label EF244476655US

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Gonzalez
Group Art Unit	
Examiner Name	
Attorney Docket Number	GONZ01

I hereby appoint:

 Practitioners at Customer Number

23892



OR

 Practitioner(s) named below:

Name	Registration Number PATENT TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Michael D. Birran
Signature	
Date	3-16-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 3 forms are submitted.

COPY

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box →

Mail Label EF244476655US

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

	Application Number
	Filing Date
First Named Inventor	Gonzalez
Group Art Unit	
Examiner Name	
Attorney Docket Number	GONZ01

I hereby appoint:

 Practitioners at Customer Number

23892

OR

 Practitioner(s) named below:

Name	Registration Number

23892

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

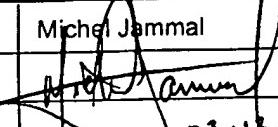
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michel Jammal		
Signature			
Date	03-16-01		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 3 forms are submitted.

*COPY